

Document name:	Customer Services Policy: supporting the management of complaints, concerns, comments and compliments
Document type:	Policy and Procedure
What does this policy replace?	Update of previous policy
Staff group to whom it applies:	All staff within the Trust
Distribution:	The whole of the Trust
How to access:	Intranet and internet
Issue date:	December 2013 (V1) December 2014 (V2) January 2016 (V3) January 2017 (V4) June 2017 (V5)
Next review:	June 2020
Approved by:	Trust Board 27 June 2017
Developed by:	Deputy Director of Corporate Development
Director leads:	Director of Corporate Development
Contact for advice:	Customer Services

1. Introduction

The Trust's Customer Services function exists to facilitate a response to all enquiries, and to deal appropriately with feedback. The service operates as a single gateway for raising issues and enquiries, including requests under the Freedom of Information Act. This policy primarily covers feedback about Trust services and the management of complaints, concerns, comments and compliments.

To enable the Trust to provide a responsive, quality public service it is essential to actively seek the views of those people who use our services and to respond appropriately when things go wrong. Complaints handling is a good proxy for an open, transparent and learning culture – which must be evident in a well-led organisation.

The Customer Services policy incorporates the obligations in the NHS Constitution and the Health and Social Care Act. This current version takes account of feedback from the Care Quality Commission inspection and the Customer Services Excellence Accreditation in 2016. It also takes account of national reports, in particular:

- The Parliamentary and Health Service Ombudsman, the Local Government Ombudsman and Healthwatch England's joint report – My Expectations (for raising concerns and complaints).
- NHS England's Assurance of Good Complaints Handling for Acute and Community Care – which sets out evidence commissioners should be seeking as part of their regular quality assurance processes with providers.

Ensuring that people have opportunity to feedback their views and experiences of care is essential to delivering the Trust values and is part of how we ensure people have a say in public services. Making the process easy is also essential; the Trust recognises that complaints might only arise as a culmination of a number of experiences, so actively encouraging feedback and apologising for negative experience is important.

Dealing with feedback in a transparent and responsive way demonstrates a commitment to improving people's experience of services and to ensuring they get the best possible support. This is built on the duty of candour, mutual respect, effective engagement, excellent customer service and a necessary and proportionate response to issues.

Complaints matter because every concern or complaint is an opportunity to improve and well-handled complaints will improve the quality of care for other people. Failure to deal with complaints appropriately presents a risk to the organisation – a missed opportunity to improve services as a consequence of feedback and an adverse effect on the Trust's public reputation.

The Care Quality Commission's (CQC) expectations mirror the Trust's high standards in terms of listening to and acting on people's concerns. The CQC makes complaints central to its inspection regime and include a lead inspector for complaints (and staff concerns) in large inspection teams. The CQC use the 'My Expectations' outcomes framework in inspections. This is a five-step framework developed by people who use NHS and social care services and describes what a

good complaints handling service experience should look like (more information below).

The CQC use feedback on complaints handling to inform Intelligent Monitoring reports.

2. Purpose and scope

People who use Trust services have a right to have their views heard and acted upon.

The Trust has given a commitment through its mission and values to put the person first and centre and to be honest, open and transparent in all its dealings.

NHS complaints legislation requires a single approach for the handling of complaints across health and social care. The Trust has adopted a person centred approach to ensure that issues are dealt with in a way that people are empowered and able to make choices about how their concerns are dealt with. This approach has been further strengthened through the adoption of the framework which sets out best practice in five steps which is reflected in this policy:

- Considering a complaint – ensuring people are given information about how to complain, that they will be supported to do so and care will not be compromised.
- Making a complaint – ensuring all staff can help, and that making a complaint is easy and convenient.
- Staying informed – keeping people up to date and making the response personal.
- Receiving outcomes – resolving complaints and achieving the appropriate outcome.
- Reflecting on the experience – ensuring complaints are handled fairly and consistently and people understand how their feedback has helped to improve services.

Every member of staff is responsible for supporting people who wish to provide feedback or raise concerns and helping to resolve issues at service level wherever possible. Staff are alerted to customer services processes through promotional activity with services and teams, supported by publicity material and intranet based information. All staff should be able to advise service users, carers, relatives and visitors to the Trust on how to access customer services, including how to make a complaint. Staff assigned to investigate complaints should be supported to take action as appropriate in accordance with Trust policy and procedures and in highlighting necessary learning.

The commitment to learning from people's experience includes:

- Staff empowered to support service users, their relatives and carers in giving feedback and to resolve issues promptly and locally wherever possible.

- The use of insight gained from complaints, concerns, comments and compliments, and other forms of feedback to improve the care provided to service users and carers.
- Thorough and timely investigation of complaints and concerns, and an open and conciliatory response. -
- Fair treatment for people who make complaints, and assurance that care will not be compromised in any way. -
- Feedback used as essential element of the Trust's approach to Governance.

3. Definitions

For the purposes of this policy, feedback is defined across four categories:

3.1 Compliments

Positive feedback received regarding care received by service users, their relatives and carers.

3.2 Comments

Comments may be made either verbally or in writing to any member of staff within the Trust.

3.3 Concerns

An issue raised verbally or in writing to any member of Trust staff, identifying issues about a service or proposing ways to improve services for the people who use them, their relatives or carers.

3.4 Complaints

The NHS complaints regulations define a complaint as an expression of dissatisfaction with care, services or facilities provided by the Trust, where any of the following apply:

- Action by the Trust or someone working for the Trust has detrimentally affected the experience of the service user or carer
- The complainant believes that a mistake or error occurred and that this has detrimentally affected them
- The complainant brings to the attention of the Trust an issue about a Trust service which could detrimentally affect them or someone else which they expect the Trust to put right.

4. Other forms of feedback

A range of approaches are in place across the Trust to obtain feedback from people who use our services, which, taken together, provide a framework for gathering insight into service user experience.

The framework includes real time feedback, surveys, focus groups, workshops and events, and participation in National Patient Surveys as prescribed by the Department of Health.

4.1 Who can give feedback?

Any individual can give feedback to any Trust employee, including Customer Services. Feedback is most commonly received from service users, those affected by service provision, those acting as a representative of a service user, carers, relatives, MPs, councillors, advocates and Healthwatch.

4.2 Receiving feedback

The Trust encourages and expects staff to seek feedback and to know how to signpost to Customer Services if that is the person's preference. Customer Services leaflets and posters will be displayed in all service areas.

The Customer Services team can be contacted by telephone, email, via web link, text, in writing or by referral from a member of staff. Corporate social media accounts and external websites (NHS Choices, Patient opinion. Healthwatch) are also monitored to ensure feedback is captured and responded to if possible.

4.3 Acting on Feedback

4.3.1 Compliments

- Compliments can be provided to any member of staff by any member of the public, other members of staff or partner organisations. If a compliment is provided in writing to the relevant ward/department, the manager will respond either by telephone or in writing.
- Thank you letters/cards received by the Chief Executive will be responded to in writing if the author provides contact details. A copy will be forwarded to the appropriate department, ward, manager or staff member with a covering note from the Chief Executive.
- Each BDU is responsible for ensuring all compliments are logged and that monitoring forms are submitted to Customer Services on a monthly basis.

4.3.2 Comments

- Each BDU is responsible for ensuring comments received are reviewed and actioned appropriately, including responding to the person offering the comment.
- BDUs must ensure that service areas log all comments received and that monitoring forms are submitted to Customer Services on a monthly basis.
- Customer Services will respond to comments received directly in liaison with the relevant team.

4.3.3 Concerns and Complaints

4.3.3a Verbal

- Services should invite and welcome feedback.
- Response to concerns and complaints should be *on the spot* wherever possible and a concern report form completed.
- If it is not possible to resolve the concern or complaint straight away, assistance should be sought from line management. If the concern or complaint is raised verbally, and can be resolved within one working day, the response does not need to be in writing. The issue should be documented using the monitoring form.

- Customer Services will assist as required, offering a named point of contact.

4.3.3b In Writing

- Concerns and complaints received in writing will be reviewed by the Customer Services manager and allocated to a named officer.
- Customer services staff will agree a handling plan with the person raising the issue.
- People will be supported to resolve their concerns either directly with the service or to receive a written response from the Chief Executive.
- Written complaints will always require a formal investigation and written response.

The procedure for complaints handling is detailed in Appendix A.

4.4 NHS Complaint Regulations

The NHS Complaints Procedure covers the following:

- A person who is in receipt of, or who has received, services from the Trust.
- A person who is affected, or likely to be affected, by an action, omission or decision of the Trust.
- A person who is acting on behalf of a person who has died, is a child, is unable to make the complaint themselves because of physical incapacity, or lack of mental capacity (Mental Capacity Act), or has been requested to act as a service user's representative
- Complaints should be made within twelve months of the incident or becoming aware of the incident that has caused concern. However, this timescale can be extended if the Customer Services Manager is satisfied that there is good reason for any delay and that it is still possible to investigate the complaint effectively.
- When a complaint is made by a representative, the Trust's Customer Services Manager must be satisfied that there are reasonable grounds for a complaint to be made by a third party on behalf of another person. Consent should be obtained from the individual affected.
- All complainants will be informed about the right to access independent complaints advocacy.
- All complainants have the option to apply to the Parliamentary and Health Service Ombudsman, to ask for independent review of their complaint, should they remain dissatisfied following the Trust's management of their complaint.

In line with the NHS regulations, the following are **not** covered by the Trust's Customer Services policy:

- Requests for access to records or an amendment to the clinical record (refer to Access to Records procedure).
- Requests for a change to care plan or medication (refer to clinical team).
- Challenges to policy decisions by the Trust Board (refer to Trust Board chair).
- Complaints made by a member of staff about their employment or about another member of staff. (refer to HR policies).
- Complaints made about volunteer activity (refer to Partnerships Team).
- Complaints about involvement activity (refer to Partnerships Team).
- Commissioning decisions (refer to appropriate Clinical Commissioning Group).

- Complaints about services delivered by an independent provider, on behalf of the Trust, are not covered by the NHS Complaints regulations. However, the Trust must satisfy itself about the quality of service and that the independent provider has its own robust complaints procedure.
- Complaints about superannuation (refer to payroll/HR department).
- Staff who wish to voice concerns or grievances. These should be raised through appropriate line management processes in line with Human Resources policy.
- Complaints which have already been investigated and concluded using the NHS procedure (refer to the section of this policy covering Parliamentary and Health Service Ombudsman).

4.5 Complaints to other bodies, including the Care Quality Commission (CQC)

People who are, or who have been, detained under the Mental Health Act have the right to complain to the Care Quality Commission (CQC) about use of the Mental Health Act. The CQC will usually ask that the complaint is initially submitted to the hospital managers.

The Mental Health Act Code of Practice (2015) requires information on how to complain to the CQC to be readily available on all wards that are registered to support people detained under the Act. The Trust will ensure CQC material providing the relevant information is available on its wards. Due consideration will be given to the Accessible Information Standard in sharing this information.

5. Duties

The customer services process is supported by:-

5.1 The Customer Services Team

The team will ensure processes that support complaints investigation and resolution, for example the complaints toolkit, remain fit for purpose, support staff to resolve issues, and service users in an effective complaints management process.

When concerns or complaints are received, the Customer Services Manager will:

- Ensure that the complainant is contacted by an allocated team member to explain the process and discuss the handling of the concern/complaint.
- Ensure the complainant is at the centre of the process, and that a complaint management plan is developed, taking account of the complainant's expectations for resolution and negotiated timescale for investigation.
- Alert directors as appropriate to concerns / complaints that suggest quality of care is compromised or other risk assessment is required.
- Ensure written acknowledgement is sent to the complainant within 3 working days.
- Ensure the assigned team member liaises with the relevant clinical lead, manager, or other organisations, to facilitate a response within the agreed timescale.
- Ensure the lead investigator keeps Customer Services updated with the progression of the complaint at all times and at least weekly.
- Receive information from the lead investigator to enable a response to be produced for director review prior to Chief Executive sign-off.

Where more than one organisation (health or social care) is involved, the Customer Services Manager or Deputy Director of Corporate Development will ensure appropriate consent is obtained, and that a lead person is appointed to co-ordinate the investigation and response.

Where complaints received by the Trust relate to another organisation the complaint will be referred on as appropriate, without delay, following receipt of consent from the complainant.

5.2 Director of Corporate Development

The Director of Corporate Development is the lead director for customer services, including complaints management. The Director of Corporate Development will ensure appropriate arrangements are in place to respond to issues raised, in ways that support people to live well in their communities, and that maintain and enhance the Trust's reputation for putting people who use services at the heart of service delivery. The Director of Corporate Development will ensure that Customer Services information is reported appropriately to BDUs, in integrated performance reports and in quarterly and annual reports to Trust Board.

5.3 The Chief Executive

The Chief Executive (or nominated deputy) will review and sign all final responses to complainants, having received assurances from the relevant director that the response addresses all points raised in the complaint management plan.

5.4 Medical Director and Director of Nursing, Clinical Governance and Safety

The Medical Director and Director of Nursing and Quality will support risk assessment of complaints and provide objective clinical advice to support the investigation of complaints, either directly, or through clinical leads and practice governance coaches. The Trust's Medical Director will assign investigators where a complaint relates to medical staff. The Nursing Director will ensure appropriate support where complaints highlight professional issues for nursing or allied health professions, or where input from specialist advisors is required.

5.5 District directors / Deputy district directors

District directors (supported by deputies) will ensure appropriate systems are in place to:

- Respond to feedback, investigate concerns and complaints
- Review complaint responses to ensure:
 - Ownership of the response by the service
 - Quality assurance of the response in terms of addressing the root causes
 - Actions are consistently learned and applied across services and in the system.
- Monitor delivery of complaint action plans through BDUs governance processes.
- Provide updates to Customer Services to incorporate in quarterly reports to Trust Board.

5.6 Clinical leads / general managers / practice governance coaches

Working with Customer Services as appropriate:

- Ensure objective and thorough investigations in accordance with the procedure, either by investigating the issues in person or by appointing a suitably skilled member of staff to conduct the investigation.
- Ensure all relevant information to respond to a complaint is collated and provided to the lead investigator, who will complete the complaints toolkit.
- Meet agreed timescales in relations to complaints investigation and management.
- Advise the deputy district director about complaints, and support review of issues and learning through BDU governance processes.
- Ensure any learning for the wider Trust is shared.

5.7 Reporting Feedback

The Customer Services Team and Director of Corporate Development will monitor compliance with this policy and procedure.

The Customer Services Team will provide regular reports to BDUs, advising open and closed complaints in the period and progress on complaints investigation.

The Customer Services Team will provide quarterly reports to Trust Board and to BDUs, covering the number of issues raised, a breakdown of complaints, concerns, comments and compliments, identification of themes and evidence to demonstrate that lessons have been learned as a result of service user feedback. Reports will also include issues referred to the Parliamentary and Health Service Ombudsman, including any financial redress. The quarterly report will be shared with the Mental Health Act Committee to alert to complaints relating to application of the Mental Health Act, and with the Members' Council Quality Group for review and information.

The Report will also be shared externally with CCGs through contracting and quality monitoring processes and with Healthwatch across Trust geography.

District Directors will be responsible for ensuring systems are in place to investigate complaints and concerns, that feedback received is reviewed and acted upon, with learning evidenced through governance processes. Insight will be used alongside other sources of feedback to improve services.

The Executive Management Team will monitor key performance indicators (KPIs) in relation to complaints through monthly business intelligence dashboard reporting. The Executive Management Team will also review any action plans arising from complaints upheld or partially upheld by the Parliamentary and Health Service Ombudsman.

An annual report will be produced for consideration by the Trust Board. The Trust Board is responsible for approving Trust policy in relation to complaints handling, for ensuring compliance with national and local targets in relation to complaints, and that robust systems are in place to enable feedback about services and that lessons learned lead to an improved service user experience.

6. Process for monitoring compliance with this policy

The Director of Corporate Development is responsible for monitoring compliance with this policy. This will be achieved through:

- The ongoing monitoring role of the Customer Services team.
- The Customer Services team make data and reports available within the Trust as described above.
- Routine contact with services and investigators regarding the ongoing process for complaints investigation.
- Feedback from Commissioners.
- Contact, as appropriate, with partner organisations, the Parliamentary and Health Service Ombudsmen, the CQC, the Information Commissioner and NHSI.

Relevant concerns will be reported to the Executive Management Team, with action by the appropriate director.

7. Associated documentation

Supporting procedural documents include:

- Investigating and analysing incidents, complaints and claims to learn from experience Policy and Procedures.
- Being Open policy – including duty of candour.
- Claims Management Policy and Procedure.
- Safeguarding Children procedures.
- Safeguarding adults procedures.
- Health and Safety policies, procedures and processes.
- Human Resources and related policies and procedural and related documents.
- Information Governance (and Caldicott Guardian) related policies and procedural documents.
- Freedom of Information Policy
- Accessible Information Policy
- Communications, Engagement and Involvement Strategy

8. Equality Impact Assessment

This policy promotes equality of access to the Trust's Customer Services function. See Appendix B for equality impact assessment.

The potential for people to have difficulty in accessing this procedure is mitigated by ensuring support is available through Customer Services, the availability of information in different formats on request, and promoting access to advocacy and interpreting services.

9. Dissemination and implementation

This policy will be promoted through 'The Headlines' weekly staff bulletin and accessible via the Trust intranet and internet. Leaflets and posters publicising the ways to offer feedback will be available in all Trust clinical and public areas.

Training and support will be offered to staff to underpin the efficient and effective investigation of issues.

Implementation of the policy will be the responsibility of staff at all levels, and supported by all managers and directors.

Managers are required to monitor compliance with this policy and to ensure a systematic approach to responding to feedback from people who use services and their families / carers.

Managers are required to ensure appropriate support is in place for staff impacted by complaints.

BDUs are required to ensure staff who undertake complaints investigation are skilled and supported to do so, to develop action plans to address areas for improvement, and to monitor delivery of same through governance processes.

10. Review and Revision arrangements

This policy and procedure will be subject to annual review by the Trust Board, with review instigated in the event of policy change. See Appendix C.

11. Document control and archiving

This policy will be accessible via the Trust's intranet and website in read only format and managed in accordance with the requirements for retention of non-clinical records. See Appendix D.

Complaints Procedure (Local Resolution)

All complaint investigations should follow the pathway for complaint management as set out below.

- Every effort must be made to support people who wish to make a complaint. This could include language support, support in documenting the issues, signposting to advocacy services or providing mediation.
- Written complaints received by the Chief Executive's office will be notified to Customer Services. Written complaints will be stamped indicating the date received. Written complaints received in other Trust locations should be forwarded to Customer Services in a timely manner (using nhs.net or safehaven fax)
- Complaints will be managed and coordinated by Customer Services in conjunction with the lead investigator. The Customer Services Team will agree the desired outcome with the complainant, contact arrangements and likely timescales.
- Complaints that span two or more organisations will be managed and coordinated by the organisation that has the majority of issues, or the highest risk issues. The lead organisation will coordinate a single comprehensive investigation and response to the complainant. Local working arrangements are in place to support this.
- Complaints received electronically will be coordinated by Customer Services. Contact will be made to obtain the complainants official mailing address and telephone number and an explanation provided that, due to issues of confidentiality, the final response to the complaint will be sent in hard copy via the postal system.
- All complaints will be coded and logged on Datix web. Customer Services will maintain up to date Datix web records at all times, recording all activity. Demographic data will also be captured on Datix web, including address and standard equality data.
- All records relating to complaints should be stored confidentially by the Customer Services team, and should be readily accessible via the team if required. No other files relating to complaints should be held by the organisation and complaints correspondence should not be part of the clinical record. Clinical staff must be appraised of actions taken to resolve complaints to promote learning.
- If the complainant requires access to medical records/patient information, Customer Services will provide appropriate contact information in accordance with the Data Protection Act / Access to Health Records Act.
- If the complaint includes a request for information under the Freedom of Information (FOI) Act, the request must be referred to the Customer Services Manager or Deputy Director of Corporate Development to action.
- If a complaint makes reference to a claim for compensation, this will not automatically exclude the issues from being investigated through the complaint process, subject to prejudice to any legal proceedings. Customer Services will work with Legal Services in such cases.

- Complaints will be acknowledged by letter within three working days. Complaints made by third parties will require written consent from the service user before confidential information is released. However, investigation into the issues can commence pending receipt of consent to ensure a prompt response can be offered when appropriate.
- The Customer Services Coordinator will record the progress of the complaint investigation onto Datix web, which will include copies of all correspondence to the complainant, staff, details of telephone calls, face-to-face conversations and electronic correspondence.
- Complaints progression must be maintained in real time by Customer Services staff.
- All records relating to complaint investigation are confidential and must be kept in one master complaint file separate from any medical records. Care should be taken with accuracy, legibility and language used. In accordance with the Data Protection Act (1998), a complainant has the right to access all correspondence contained within the file.
- All complaint records must be kept by the Trust in a secure environment for 10 years.
- Customer Services must maintain contact with the complainant regarding progress and must renegotiate timescales as necessary.
- Consideration must be given to the following:
 - If a complaint involves clinical issues that require urgent attention or raises issues that could potentially compromise public or service user safety, the appropriate district director must be informed immediately.
 - Complaints that could fall into the Serious Untoward Incident category (SUI) must be referred for advice to the Patient Safety Support Team. Every effort must be made to minimise distress or confusion to the complainant.
 - Where a complainant indicates they intend to take legal action, the matter must also be referred to the Head of Legal Services. The Trust will take legal advice and in some, but not all, circumstances it may be appropriate to cease action under the complaints procedure. This is consistent with national guidance.
 - Complaints / concerns highlighting professional practice issues must be referred to the medical or nursing directorate as appropriate.
 - Complaints about members of staff that involve accusation of misconduct must be referred to Human Resources. Staff have the right to be dealt with fairly in such cases, and complainants do not have the right to information about specific action taken against staff members.
 - Issues that could potentially attract media attention must be referred to the Communications Team.
 - Issues relating to child protection must be referred to the Trust's Named Nurse for Child Protection, and dealt with under joint agency protocols for child protection.
 - Issues relating to Vulnerable Adults must be referred to the Trust's Vulnerable Adults Specialist Advisor, and dealt with under joint agency protocols for vulnerable adults.
 - Where a complaint alleges a criminal offence, the complainant will be advised of their right to report the matter to the police, and will be supported to do so. If the complainant chooses not to report a serious

matter which may be criminal, the Trust may choose to notify the police. Advice should be sought from the Caldicott Guardian where such action might be in breach of a person's confidentiality.

- Investigators should always alert Customer Services at an early stage if a complaint is proving particularly complex or difficult to resolve. Revising the approach may prevent a complaint escalating to Ombudsman Review.

Investigation must be proportionate to the level and complexity of the complaint. The lead investigator will be independent of the service area to which the complaint relates. Investigation will include:

- Meeting with the complainant if appropriate.
- Taking statements from the people involved.
- Ensuring staff involved in complaints are aware of support mechanisms and how to access same.
- Reviewing health care records, policies and procedures as appropriate (documenting evidence to support statements wherever possible).
- Taking expert advice, if needed, for example from specialist functions, Nursing or Medical Directorates.
- Completing the complaints toolkit and forwarding same to Customer Services.
- Ensuring that the evidence in the toolkit addresses all the issues identified.
- Assessing the severity grading of the complaint at the end of the investigation.
- Consideration of the need to reimburse expenses or losses where fault has been identified. This might include, for example, the cost or part cost of lost property or incurred expenses.
- Developing an action plan for every complaint (even where the plan indicates no action required) and forwarding same to Customer Services.
- Ensuring all relevant documents, including staff statements, policy documents and file notes, are collated for inclusion into the complaint file.
- Keeping contemporaneous record of the investigation.

Customer Services will prepare a response to the complainant based on the information provided in the toolkit. Responses will be reviewed in Corporate Development and checked by the relevant director before sign-off by the Chief Executive.

All response letters must inform the complainant of their right to ask the Parliamentary and Health Service Ombudsman to review their complaint if they are dissatisfied with the Trust's response.

Satisfaction surveys will be discussed with or sent to every complainant following the Trust response being offered. Survey feedback will be analysed and taken into account in service planning and delivery.

BDUs (through governance processes) have lead responsibility for delivery of action plans and demonstration of learning from complaint trends, both from BDU and Trust wide issues. Deputy district directors will ensure processes are in place to provide governance and assurance in this area.

Parliamentary and Health Service Ombudsman Review

All avenues must be explored to resolve issues at local level, including further meetings and lay conciliation. However, if a complainant remains dissatisfied after

local resolution they can ask the Parliamentary and Health Service Ombudsman (PHSO) to undertake a review of their case. The PHSO will assess the complaint using the Principles of Remedy, Good Administration and Good Complaint Handling. These principles provide guidance to organisations on how they should handle complaints. The overarching principles are:

- Getting it right.
- Being customer focused.
- Being open and accountable.
- Acting fairly and proportionately.
- Putting things right.
- Seeking continuous improvement.

The PHSO review will seek to demonstrate that the Trust has acted appropriately when assessing the complaint to identify if there is evidence of maladministration or service failure. The PHSO will request the Trust to provide a copy of the complaint file and health care records. After undertaking the review, the PHSO will inform the Trust whether it can close the case without investigation, or whether it intends to progress to formal investigation. Over the past year, the Ombudsman lowered the threshold for investigation and expanded the number of cases considered.

The PHSO has the authority to propose financial remedy to Trusts as a mean of resolving complaints. The Deputy Director of Corporate Development will monitor the impact of this, report on the numbers of cases and financial implications on a case by case basis to the Director of Corporate Development, and reference this in the quarterly complaints reporting to Trust Board and BDUs.

Any action plans arising from complaints upheld or partially upheld by the PHSO will be reviewed by the Executive Management Team with delivery monitored by the appropriate service director.

The PHSO produces an annual review of complaints handling in the NHS and undertakes specialist reviews. The PHSO shares all investigation reports with the relevant commissioning body and NHS England. Learning from these reviews will be shared in the organisation via Customer Services reporting processes.

Unreasonable or persistent complaints

Most complaints are entirely reasonable; however a few are not. Some may, for example, abuse or threaten members of staff or continue to raise the same concerns when these have already been addressed. The following are examples of behaviour which might be regarded as unreasonable:

- Abusive or threatening behaviour – whether in person or in writing.
- Persistent telephone calls or letters on the same issue, which do not allow time for an investigation to be concluded, or do not acknowledge that a response has already been offered.
- Persistent verbal complaints which cannot be resolved through the informal complaints procedure.

Trust staff should acknowledge that, at times, people might find it difficult to express their frustration and might behave in a way that makes resolution difficult. Staff should support people to raise their issues in a constructive manner, manage expectations, and work towards a satisfactory outcome. However, the Trust has a responsibility to protect its staff from people who behave in an abusive or malicious manner, and to avoid inappropriate use of resources through dealing with persistent or unreasonable complaints.

If an investigation lead or customer services co-ordinator becomes concerned that a complainant is becoming unreasonable, they must seek assistance from the Customer Services Manager. It is vital that any restrictions placed on a complainant should be as a result of a fair and consistent process. Any request to cease or limit an investigation about a complaint that is considered unreasonable or persistent, needs to be considered in consultation with the appropriate district director and the Director of Corporate Development.

It may be necessary to request that the complainant only makes contact with a named individual, by one contact method only, for example either by telephone, email or in writing. Where a named individual is assigned they should ensure a comprehensive record of all contact is maintained.

The complainant must be advised that issues already responded to will not be re-opened or re-investigated. If appropriate, the complainant should be informed that abusive correspondence, or threatening behaviour, will not be responded to. The complainant should be offered information regarding independent advocacy support.

Letters or telephone calls received during the formal investigation stage will be acknowledged and any new issues included in the overall investigation. A meeting may be offered to clarify the issues to be investigated and confirm the process. The complainant should be advised if new issues are likely to affect the timescale for providing a final response to the complaint.

The final decision regarding ceasing all contact with a complainant lies with the Chief Executive.

Appendix B

**Equality Impact Assessment Template to be completed for all Policies,
Procedures and Strategies**

Date of Assessment: December 2016

	Equality Impact Assessment Questions:		Evidence based Answers & Actions:
1	Name of the document that you are Equality Impact Assessing		Customer Services Policy: supporting the management of complaints, concerns, comments and compliments
2	Describe the overall aim of your document and context? Who will benefit from this policy/procedure/strategy?		To provide a framework for ensuring feedback is valued and responded to appropriately. To support effective complaints management processes, consistently applied across all services. People who use services, carers, staff
3	Who is the overall lead for this assessment?		Bronwyn Gill
4	Who else was involved in conducting this assessment?		Corporate Development - Customer Services Team
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy? What did you find out and how have you used this information?		Customer services processes and procedures are subject to constant evaluation with service users and carers (following their contact with the team) and with staff following involvement in complaints handling or report review. Information used to inform policy
6	What equality data have you used to inform this equality impact assessment?		Protected characteristics data collected via the function.
7	What does this data say?		
8	Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:	No	It is not anticipated that this Policy will have any negative impact on any of the equality groups. The potential for people having difficulty giving feedback or raising complaints and concerns is mitigated by promoting an allocated caseworker to provide individual support, access to advocacy and / or interpreting services and taking account of information requirements (which will be further enhanced through compliance with the Accessible Information Standard.
8.1	Race	No	Other mixed } Chinese } Mixed white / Caribbean } White other } 5% Indian } White Irish } Other white background }

			Pakistani – 1% White British – 42% Prefers not to disclose – 53%
8.2	Disability	No	Sensory impairment – 1% Cognitive impairment – 0% Long standing illness – 4% Learning disability / difficulty – 4% Physical impairment – 5% Mental illness – 20% No disability – 14% Prefers not to disclose – 52%
8.3	Gender	No	Average % access 57% female 26% male 17% prefer not to disclose
8.4	Age	No	under 21 – 4% 22 - 31 – 10% 32 – 41– 15% 42 – 51 15% 52 – 61 11% Over 62 – 10% Not disclosed 35%
8.5	Sexual Orientation	No	Gay – 0% Heterosexual – 13% Lesbian – 1% Bisexual – 0% Unknown/ prefers not to disclose – 86%
8.6	Religion or Belief	No	No information available
8.7	Transgender	No	0%
8.8	Maternity & Pregnancy	No	No information available in the Trust's monitoring data.
8.9	Marriage & Civil partnerships	No	No information available in the Trust's monitoring data.
8.10	Carers* Our Trust requirement*	No	It is not anticipated there will be any negative impact on service users or their carers, feedback is captured through service evaluation.
9	What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-		The Policy is subject to annual review.
9a	Promotes equality of opportunity for people who share the above protected characteristics;		The policy promotes equality of opportunity as it provides for a supportive, fair and non-discriminatory approach to customer services and complaints management
9b	Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;		The Trust is committed to eliminating discrimination in all its forms, including those with protected characteristics
9c	Promotes good relations between different equality groups;		The Trust's approach to equality promotes good relations including with those from different equality groups.
10	Have you developed an Action Plan arising from this assessment?		No

11	Assessment/Action Plan approved by (Director Lead)	Sign: Dawn Stephenson Date: 23 January 2017 Title: Director of Corporate Services
12	Please note that the EIA is a public document and will be published on the web.	

Appendix C - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	YES	
2.	Rationale		
	Are reasons for development of the document stated?	YES	
3.	Development Process		
	Is the method described in brief?	YES	
	Are people involved in the development identified?	YES	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	YES	
	Is there evidence of consultation with stakeholders and users?	EMT	
4.	Content		
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	
	Are the intended outcomes described?	YES	
	Are the statements clear and unambiguous?	YES	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	
	Are the references cited in full?	YES	
	Are supporting documents referenced?	YES	
6.	Approval		
	Does the document identify which committee/group will approve it?	YES	
	If appropriate have the joint Human Resources/staff side committee (or equivalent)	YES	

	Title of document being reviewed:	Yes/No/Unsure	Comments
	approved the document?		
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	YES	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
8.	Document Control		
	Does the document identify where it will be held?	YES	
	Have archiving arrangements for superseded documents been addressed?	YES	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	YES	
	Is there a plan to review or audit compliance with the document?	YES	
10.	Review Date		
	Is the review date identified?	YES	
	Is the frequency of review identified? If so is it acceptable?	YES	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible implementation and review of the document?	YES	

Appendix D - Version Control Sheet

This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Status	Comment / changes
1	Dec 2013	Head of Communications and Customer Services	Final	Approved by Trust Board Included updates in line with Francis Report, Patient's Association Report on Complaints and the Rt Hon Ann Clwyd review of NHS Complaints Management.
2	Dec 2014	Head of Communications and Customer Services	Final	Approved by Trust Board Included updates in line with the Francis Report, The Government's response, 'Hard Truths' and the Duty of Candour.
3	January 2016	Deputy Director of Corporate Development	Final	Approved by Trust Board Included updates in line with CQC Essential Standards and PHSO report 'My Expectations'
4	January 2017	Deputy Director of Corporate Development	Final	Approved by Trust Board Includes update in line with: <ul style="list-style-type: none"> • CQC inspection 2016 • CSE Accreditation 2016 • PHSO report 'My Expectations' • NHSE Assurance of Good Complaints Handling • CQC report 'Complaints Matter'
5	June 2017	Deputy Director of Corporate Development	Final	Approved by Trust Board Includes updates in line with CQC action plan to include reference to people's right to complain to the CQC about detention under the Mental Health Act – in line with the Mental Health code of practice.